

Academic Program Request Form



Date of Request: _____

College: _____ Effective Term: _____

Program Name: _____ Program Code: _____

Note: Names for new programs may be revised to provide consistency in the system. You will be notified of any change.

Add a new program Change an existing program
(indicate change)

Student Level

- Undergraduate
- Graduate
- Medicine
- First Professional

Course Level

- Undergraduate
- Graduate
- Medicine
- First Professional

Major Fees* (check all that apply)

- Biomedical Library Fee
- Professional Liability Fee
- Resource Fee

*This does not replace special course fees

Degree/Cert (List degree or certification associated with program) _____
Note: The full degree name should only be used when it is standard in the discipline (e.g., computing, engineering).

Approximate Time to Complete Program _____ Total Credits in Program _____

Percentage of program offered ONLY online _____

Attached Major(s)

Action (Add/Delete)	Code	Description	CIP code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attached Concentration(s)

Action (Add/Delete)	Code	Description	Attached Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Reason for Request (Required)

Dean: _____ Date: _____

VP Health Services (if applicable): _____ Date: _____

Senior VP Academic Affairs: _____ Date: _____

Gainful Employment Yes No FA _____ Depart. of Ed. Approval Yes No

Senior Vice Provost _____ Date: _____

SACS/ACHE Notification (if applicable) _____ Date: _____